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**To:** Examiner John P. Leubecker  
Art Unit: 3739

**From:** Thomas Spinelli, Esq.  
Registration No.: 39,533

**Fax:** 571-273-8300

**Pages:** 14

**Phone:** 571-272-4769

**Date:** September 5, 2006

**Re:** USSN: 10/687,184  
Our Docket: 14867A

**CC:**

**RCE WITH AMENDMENT UNDER 37 C.F.R. § 1.114**

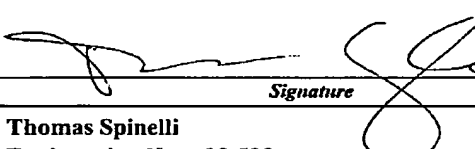
The following is being filed with the U.S. Patent and Trademark Office via facsimile on September 5, 2006:

1. Request for Continued Examination Transmittal in Duplicate
2. Amendment Under 37 C.F.R. § 1.114 W/Transmittal in Duplicate
3. Authorization to Charge Deposit Account 19-1013 for \$790.00/filing fee
4. Certificate of Facsimile Transmission

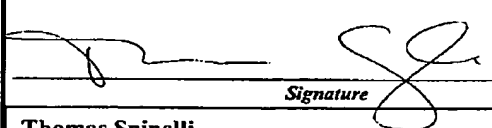
Applicant: Tatsuya Ishizuka  
Serial No.: 10/687,184  
For: ENDOSCOPE SUITABLE FOR AUTOCLAVING  
Filed: October 16, 2003  
Docket: 14867A  
Dated: September 5, 2006  
TS:cm

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					<b>Docket No.</b> 14867A	
Applicant(s): Tatsuya Ishizuka						
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/687,184	October 16, 2003	John P. Leubecker	23389	2739	7582	
Invention: ENDOSCOPE SUITABLE FOR AUTOCLAVING						
<u>COMMISSIONER FOR PATENTS:</u>					<b>RECEIVED CENTRAL FAX CENTER SEP 05 2006</b>	
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	14 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-1013/SSMP</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 _____ Signature			Dated: September 5, 2006			
Thomas Spinelli Registration No.: 39,533			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p><p>_____ (Date)</p><p>_____ Signature of Person Mailing Correspondence</p><p>_____ Typed or Printed Name of Person Mailing Correspondence</p></div>			
CC:						

P11LARGE/REV10

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>14867A</b>	
Applicant(s): <b>Tatsuya Ishizuka</b>						
Application No. <b>10/687,184</b>	Filing Date <b>October 16, 2003</b>	Examiner <b>John P. Leubecker</b>	Customer No. <b>23389</b>	Group Art Unit <b>2739</b>	Confirmation No. <b>7582</b>	
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TOTAL CLAIMS	14 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-1013/SSMP</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
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CC:			<div style="border: 1px solid black; padding: 5px;">             I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____              (Date)              _____              Signature of Person Mailing Correspondence              _____              Typed or Printed Name of Person Mailing Correspondence           </div>			

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